

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>LW</i>	689041	10/27/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>LW</i>	68930	1.2 - 5

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	19 10 22 23 03
2	—	✓	✓
3	—	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	=	✓	✓
11	=	✓	✓
12	✓	✓	✓
13	—	—	—
14	✓	—	—
15	✓	—	—
16	✓	—	—
17	✓	—	—
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
stapl additional sheet here

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